



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Mark A. DARTY

Group Art Unit: 2675

Application No.: 09/667,807

Examiner:

F. Alphonse

Filed: September 22, 2000

Docket No.: 104175

For:

METHODS AND APPARATUS FOR SUBJECTING AN ELEMENT TO AN

ELECTRICAL FIELD

AMENDMENT UNDER 37 C.F.R. §1.111

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Technology Center 2600

Sir:

In reply to the August 12, 2003 Office Action, please consider the following:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

11/12/2003 GWDRDOF1 00000095 09667807

01 FC:1201 02 FC:1202

11/17/2004 EUARREN 00000004 150461 09667807

01 FCs.1201

86.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/667,807

(Column 1) (Column 2)									SMALL TYPE	ENTITY	OR		THAN ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	İ
BASIC FEE					W.	BStr to Line		ě	ي الله الله الله الله الله الله الله الل	1	OR	434	690.00	
TOTAL CLAIMS			3	minus	20=	. 15			X\$ 9=		OR	X\$18=	270	
INDEPENDENT CLAIMS				y minu	s 3 =	. ,			X39=			X78=	270	
MULTIPLE DEPENDENT CLAIM PRESENT										 	OR		73	
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=		OR	+260=		
											OR	TOTAL	i038	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A	4	CL REM AF	AIMS AINING TER IDMENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	• 6		Minus		35	=		X\$ 9=	1 66	OR	X\$18=	FEE	
	Independent	NTATIC	N OF MI	Minus ULTIPLE DEPENI			= /	П	X39=		OR	X78=		ומסטו
				JE. 11 CE UZ	. CINE	JENT OLAIN		, l	+130=		OR	+260=		_
									TOTAL			TOTAL		1
(Column 1) (Column 2) (Column 3)									NODIT. FEE			ADDIT. FEE		5
AMENDMENT B		REM.	AIMS AINING TER IDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	35	Minus		25	= 40		X\$ 9=	111	OR	X\$18=	FEE	(
	Independent	• '	7	Minus	***	3	= 4		X39=			X SE	$\overline{\cdot}$	Č
_	FIRST PRESE	NTATIO	N OF M	JLTIPLE DE	PEND	DENT CLAIM		▎├	+130=		OR	,		J
											OR	+260=		
				A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE						
_	* ,		imn 1)	i		Column 2) HIGHEST	(Column 3)	ı						
AMENDMENT C		REM/ AF	AINING TER DMENT	·	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••	65	=	lſ	X\$ 9=		OR	X\$18=		
	Independent	•		Minus	•••		= .	╽┟	X39=		ŀ	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	^/6=		
* If the entry in column 1 is less than the entry in column 2 write 50° in column 3									+130=		OR	+260=		
***	i the "Highest Nur If the "Highest Nur The "Highest Nurr	nber Pre	viously Pa	aid For" IN TH	IS SPA	ACE is less tha	an 3. enter "3."	~	DDIT. FEE	ropriate box		ODIT. FEE		